

CASE NAME: _____

CASE NO: _____

CHILD SUPPORT ENFORCEMENT REFERRAL

Noncustodial Parent's Full Name (First, Middle, Last): _____			Noncustodial Parent's SSN: _____	
Other Names Noncustodial Parent Has Used (Alias, Maiden, Married): _____				
List children who live with you who are children of this non-custodial parent:				Were Parents Married at Time of Child's Birth?
Name _____	City: _____	State: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Name _____	City: _____	State: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Name _____	City: _____	State: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Name _____	City: _____	State: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	
(Use Additional Sheet If Necessary)				

Noncustodial parent's most recent address (street/box #): _____				
City: _____		State _____	Zip _____	Phone: _____
Other states in which noncustodial parent has resided: _____				
Are the parents of the child(ren) above: Married <input type="checkbox"/> Never Married <input type="checkbox"/> Divorced <input type="checkbox"/> Divorce Pending <input type="checkbox"/>				
Separated <input type="checkbox"/> Deceased <input type="checkbox"/> Unknown <input type="checkbox"/> If Married, location: City _____ State _____ Date _____				
If the parents of the child(ren) above have divorced or were never married, is he/she currently married to someone else? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, to whom? _____				
Has paternity been established by: Court Order? <input type="checkbox"/> Yes <input type="checkbox"/> No		Paternity Affidavit? <input type="checkbox"/> Yes <input type="checkbox"/> No		Blood Tests? <input type="checkbox"/> Yes <input type="checkbox"/> No
If established by any of the above list:		Date of Order _____ County _____ State _____		
Child support monthly obligation amount: \$ _____			Is he/she currently paying support? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Has the noncustodial parent been ordered to pay child support? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Date of child support order: _____ County _____ State _____				
Support is paid to: Clerk of Courts <input type="checkbox"/> Yourself <input type="checkbox"/> Child Support Agency <input type="checkbox"/> Other, explain: <input type="checkbox"/> _____				
Do You Have A Copy Of The Order? <input type="checkbox"/> Yes <input type="checkbox"/> No IF YES, PLEASE PROVIDE A COPY OF THE ORDER				

INFORMATION ABOUT THE NONCUSTODIAL PARENT

Is Noncustodial Parent in the Military? <input type="checkbox"/> Yes <input type="checkbox"/> No Active <input type="checkbox"/> Retired <input type="checkbox"/> Discharged <input type="checkbox"/> Inactive Reserve <input type="checkbox"/>				
If yes, Branch: Army <input type="checkbox"/> Navy <input type="checkbox"/> Air Force <input type="checkbox"/> Marines <input type="checkbox"/> National Guard <input type="checkbox"/> Coast Guard <input type="checkbox"/>				
Current Employer: _____			Phone: _____	
Employer Address: _____			City: _____ State: _____	
Does he/she have: Real Property <input type="checkbox"/> Yes <input type="checkbox"/> No Description: _____ Chk. Acct. <input type="checkbox"/> Yes # _____ <input type="checkbox"/> No Svg. Acct. <input type="checkbox"/> Yes# _____ <input type="checkbox"/> No				
Name / Location of Bank(s) _____			Vehicles _____ Make / Model / Year _____	
Retirement/Pension? <input type="checkbox"/> Yes <input type="checkbox"/> No		Source: _____ Monthly Amount: \$ _____		
Is he/she disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, he/she receives: Veteran's benefits <input type="checkbox"/> Social Security Disability <input type="checkbox"/>		
Supplemental Security Income (SSI) <input type="checkbox"/>			Monthly benefit amount: \$ _____	
Physical Description: Sex: <input type="checkbox"/> M or <input type="checkbox"/> F Race _____ Height _____ Weight _____ Eye color _____ Hair color _____				
Date of birth: _____ If unknown, give known data: Month _____ Day _____ Year _____				
Approximate Age: _____ City of Birth: _____ State: _____				
Give full name of noncustodial parent's father and mother, including maiden name of mother (Even If Deceased):				
Name of father: _____			Deceased? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name of mother: _____			Maiden name: _____ Deceased? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is noncustodial parent currently in jail or prison? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, City: _____ State: _____				
Previously jailed or imprisoned: <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, City: _____ State: _____				
Does he/she owe child support for child(ren) other than those listed above? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, name of child(ren): _____				
Name of caretaker child(ren) are living with: _____ Where? _____				

CARETAKER INFORMATION

Have you or the children you are applying for received cash assistance (AFDC/TANF) before? ☐ Yes ☐ No

If Yes, Where? _____ When? _____ In Whose Name? _____

What is your Current Marital Status? _____ Your Home Phone # _____ Your Work Phone # _____

AGREEMENT TO COOPERATE WITH THE DIVISION OF CHILD SUPPORT

I acknowledge that by signing an application for Temporary Assistance for Needy Families (TANF), I have automatically assigned and transferred all child/spousal support rights to the State of South Dakota. This automatic assignment of rights is made pursuant to South Dakota Codified Law 28-7A-7 and/or 28-6-7.1 and under the terms and conditions of Part A of Title IV and/or 1912 of the Social Security Act, as amended.

TANF: I acknowledge that by signing an application for TANF, I have automatically assigned and transferred all child/spousal support rights to the State of South Dakota. This automatic assignment of rights is made pursuant to South Dakota Codified Law 28-7A-7 and under the terms and conditions of Part A of Title IV of the Social Security Act, as amended. I understand the assignment shall become effective as to both current and past unpaid child/spousal support rights upon receiving a TANF payment, and shall end with respect to current support rights upon closing my TANF case. Thereafter it shall remain in effect with respect to the amount of past support obligation that has accumulated under such assignment. I understand I must cooperate to the best of my ability with the Division of Child Support (DCS) in efforts to secure and collect child and spousal support, and to establish paternity when necessary, including supplying information, completing DCS forms, and appearing in court. I understand I must forward any child/spousal payments I receive to DCS. I understand that failure to cooperate in any aspect shall result in my TANF case closure.

MEDICAL ASSISTANCE: I acknowledge that by signing an application for medical assistance, I have automatically assigned and transferred all medical support rights to the State of South Dakota. This automatic assignment of rights is made pursuant to South Dakota Codified Law 28-6-7.1 under the terms and conditions of 1912 of the Social Security Act, as amended. I understand the assignment shall become effective upon approval of medical assistance, and shall end with respect to current support rights upon closing my medical assistance. I understand I must cooperate to the best of my ability with the Division of Child Support (DCS) in their efforts to obtain and enforce medical support for the child(ren) receiving medical assistance. Under state statute, medical support is included in the establishment of the monthly support obligation. Therefore, I understand that establishment of paternity and a monthly support obligation may be necessary to obtain medical support. I understand that if I am currently receiving child support payments from the noncustodial parent, I may continue receiving the child support payments directly if I notify DCS immediately upon medical approval. I understand that failure to cooperate in any aspect may result in termination of medical assistance for one or more adult household members.

The Department of Social Services, DCS, is the agency designated by law to administer the Child Support Enforcement Program. If any action concerning child or spousal support taken by DCS is referred to a State's Attorney, Deputy State's Attorney, or Special Assistance Attorney General acting under a cooperative agreement, I further acknowledge and understand the following factors concerning the services performed by the attorney:

The attorney represents the State of South Dakota and his primary responsibility is to protect the interest of the State in the matter; and that no attorney/client relationship exists between myself and the attorney;

If the respective interests of the State and myself differ or are in conflict, I may be required to represent my separate interests and may be required to retain my attorney;

If I refuse to cooperate with the State, such refusal does not prohibit the State from proceeding with the action.

Completion of the Child Support Enforcement Referral Form requires that each question be completed. If you do not know the answer, write unknown. If a question does not apply to your situation, write N/A. Return the completed form to your Benefits Specialist. Information given may affect the priority given to your case by the DCS. Separate forms for each noncustodial parent of each child for whom you are requesting assistance must be completed.

I declare under penalty of perjury that the foregoing is true and correct.

Signature of Benefits Specialist

Signature of Applicant/Recipient (Sign in presence of Benefits Specialist)

Date

Date